



## Municipal Police Training Committee

**Domestic Violence Train the Trainer**

**May 14-15 2009**

**Sheraton Hotel, 1657 Worcester Road, Framingham, MA 01701**

APPLICANT'S NAME: (Last, First, MI) :		RANK/TITLE:	
APPLICANT'S SS#:		D.O.B.	
HOME or WORK ADDRESS: (STREET, P.O. BOX, CITY/TOWN, ZIP CODE)			
DEPARTMENT :		DEPT. PHONE:	
PHONE/ EMAIL ADDRESS: (E-MAIL REQUIRED FOR CONFIRMATION AND COMMUNICATION)			
<p>I, _____, agree to comply with all rules and regulations set forth by the Municipal Police Training Committee with regard to its training programs and understand that I may be subject to dismissal from the program for infractions thereof. I also agree that in the case of accident or illness, the training staff may take whatever actions are deemed necessary to arrange for emergency medical services. In the case of illness or injury resulting from training, all necessary medical expenses will be borne by my sponsoring agency. I agree that all issues of civil liability shall be determined in accordance with Chapter 258 of the Massachusetts General Laws.</p>			
Signed:		Date:	
		Department:	
AVAILABLE OVERNIGHT ACCOMODATIONS PROVIDED BY JANE DOE INC. <input type="checkbox"/> YES <input type="checkbox"/> NO		APPLYING WITH A TEAM? <input type="checkbox"/> YES <input type="checkbox"/> NO LIST NAME (S)/AGENCY (S):	
<b>SPONSORING DEPARTMENT/SUPERVISOR APPROVAL</b>			
<p>I, _____, approve this applicant for attendance at the above named training program and agree as the chief executive officer of the sponsoring agency to abide by the training regulations as established by the Municipal Police Training Committee, and understand that the program may include physical skills training. I stipulate that the applicant will be employed by the sponsoring agency during periods of the training. I agree as the chief executive officer of the sponsoring agency that the applicant shall be covered by emergency health care insurance during his participation in the training program activities, and also agree that in the case of illness or injury the training staff may take whatever actions are deemed necessary to arrange for emergency medical services. I agree that all issues of civil liability shall be determined in accordance with Chapter 258 of the Massachusetts General Laws.</p>			
Signed:		Date:	
		Rank or Title:	
APPLICATION DEADLINE: April 17 <sup>th</sup>			
Application complete?    Yes    No		Resume attached:    Yes    No	